

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 7 - 1953

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | |
| c. LENGTH OF STAY (in this place) <u>4 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>918 NORTON AVENUE</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MALOTTE NURSING HOME</u> | | | |

| | | | | | |
|--|--|-------------|--|-----------|--|
| 3. NAME OF DECEASED (Type or Print) <u>ROSA SHANHOLTZER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 13. 1953</u> | | |
| a. (First) | | b. (Middle) | | c. (Last) | |

| | | | | | | | | | | | |
|----------------------|--|-------------------------------|--|---|--|--------------------------------------|--|---|--|---|--|
| 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | | 8. DATE OF BIRTH <u>May 21, 1887</u> | | 9. AGE (in years last birthday) <u>65</u> | | IF UNDER 1 YEAR Months Days Hours Min. | |
|----------------------|--|-------------------------------|--|---|--|--------------------------------------|--|---|--|---|--|

| | | | | | | | |
|--|--|-----------------------------------|--|---|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Harrisonville, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
|--|--|-----------------------------------|--|---|--|--|--|

| | | | | | |
|--|--|--|--|--|--|
| 13a. FATHER'S NAME <u>James W. Bricken</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Francis</u> | | 14. NAME OF HUSBAND OR WIFE <u>Grover C.</u> | |
|--|--|--|--|--|--|

| | | | | | | | |
|--|--|--|--|---|--|---------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>511-22-8700</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>D. R. Bricken, 918 Norton, K.C.Mo.</u> | | ADDRESS | |
|--|--|--|--|---|--|---------|--|

| | | | | | | | |
|---|--|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> | | | | 24 hrs | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | ? | |
| | | DUE TO (b) <u>Cerebral arteriosclerosis</u> | | | | 332X | |
| | | DUE TO (c) | | | | 1 yr | |
| | | II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Depressive psychosis</u> | | | | | |

| | | | | | | | |
|------------------------|--|----------------------------------|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
|------------------------|--|----------------------------------|--|--|--|---|--|

| | | | | | |
|--|--|--|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
|--|--|--|--|---|--|

| | | | | | | |
|---|--|--|--|--|----------------------------|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |
|---|--|--|--|--|----------------------------|--|

2. I hereby certify that I attended the deceased from 5-14, 1952, to 2-13, 1953, that I last saw the deceased alive on 2-13, 1953, and that death occurred at 10:00A-m., from the causes and on the date stated above.

| | | | | | |
|---|--|---------------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE <u>Martin J. Mueller</u> (Degree or title) <u>M.D.M.D.</u> | | 23b. ADDRESS <u>934 17th Ave Bldg</u> | | 23c. DATE SIGNED <u>2-13-53</u> | |
|---|--|---------------------------------------|--|---------------------------------|--|

| | | | | | | | |
|--|--|--------------------------|--|--|--|--|--|
| 24a. BURIAL, CREMATION (REMOVED) (Specify) <u>Burial</u> | | 24b. DATE <u>2-14-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Freeman Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Freeman, Missouri</u> | |
|--|--|--------------------------|--|--|--|--|--|

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. <u>2-14-53</u> | | REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>D.N. Newcomer</u> | | ADDRESS <u>1331 BUSH CREEK KANSAS CITY MO.</u> | |
|---|--|---|--|---|--|--|--|

1-5-19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Albert L. Savage

Licensed Embalmer No. 4812

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.